Enlergency Drought Action



APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with Ecology or with County Conservancy Boards



OKQ

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.) ☐ Change purpose(s) of use ☐ Add purpose(s) of use ☑ Change point(s) of diversion/withdrawal ☑ Add point(s) of diversion/withdrawal ☑ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust water)	D F	HANGE NO C54-5WC/	E USE ONLY 1749@2 WRIA 49 25,0/ BY 52
Explain:			UNI
	S	EPA: Exempt D	Not exempt
IF MORE SPACE IS NEEDED, ATTACH ADDI	TIONAL SHE	EETS (PLEASE PRINT OF	R TYPE CLEARLY)
1. Applicant Information:			
APPLICANT/BUSINESS NAME	T T C	PHONE NO.	FAX NO. (425) 562-4785
Zaser & Longston, Inc., dba Keystone Fruit	ه ۱۰۰، ۱۰۰ و	(425) 562-7997	(423) 302-4703
ADDRESS 1802 136th Place N.E.			
CITY Bellevue		STATE Washington	ZIP CODE 98005
CONTACT NAME (IF DIFFERENT FROM ABOVE) GREG D. ZASER ADDRESS Same as above		PHONE NO. () Same	FAX NO. () Same
CITY		STATE	ZIP CODE
2. Water Right Information:			
WATER RIGHT OR CLAIM NUMBER	RECORDED		
Certificate #11749	Kenn	eth D. Crofoot	
DO YOU OWN THE RIGHT TO BE CHANGED? IT NO, PROVIDE OWNER(S) NAME:			
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FI	VE (5) YEARS	? ☑ YES ☐ NO	
Please attach copies of any documentation that dem was established. Also, if you have a water system papplication.		and the state of the	
FOR OFFICE APP. NO. 21133 PERMIT NO. 15651 CER			

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Okanogan River		NE	NE	7	35 N.	27 E.		

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Okanogan River		S ¹ ₂	NE	32	36 N.	27 E.		
Okanogan River		SW	NE	5	35 N.	27 E.	(20)	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING:

▼ YES □ NO PROPOSED: □ YES □ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Crop Irrigation	. 94	141	April 1 through Sept. 30
			8

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Crop Irrigation	.94	141	April 1 through Sept. 30

5. Place of Use:

A. Existing

		LE	GAL DESCR	RIPTION OF LA	NDS WHERE WATE	R IS PRES	ENTLY U	ISED:			
SE4SE4	& that	part of	the SW1	≨SE¼ lying	east of the	county	road;	AND	that	pai	ct of
he NE	SE½ lvin	g wester	rly of t	he county	road; ALL in	Sec.	12, T.	35 N	. R.	26	E.W.M.,
				-					/		
kanoga	n County										
1/4	1/4	SEC.	TWP.	RGE.	COUNTY		P	ARCEL	#		# OF ACRES
1/4	1/4	SEC.	TWP.	RGE.	COUNTY		Р	ARCEL	#		# OF ACRES

B. Proposed

D. FIU	poseu						
			LEGAL DES	CRIPTION O	F LANDS WHERE NEW USE IS	S PROPOSED:	
"SEE	ATTACHEI	FOR LE	GAL DESC	RIPTION'	1		
				V1			
					198 (179 198 (198 199 199 199 199 199 199 199 199 199		
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
DO YOU O	WN ALL TH	E LANDS IN	THE PROPO	SED PLACE	OF USE? A YES NO	- IF NO, PROVIDE OWNER	R(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

YES D NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:
We have had an application in for a permanent transfer of this water right since it
was originally submitted in July of 1992. This application has already been
published and has gone through the public review period and now remains to be
merely finalized by the department.

IF FOR SEASONAL OR TEMPORARY, START DATE 4 / 23 / 01 END DATE 9 / 30 / 01

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

(Applicant) 4 123 101
(Date)

4 123 101
(Water Right Holder) (Date)

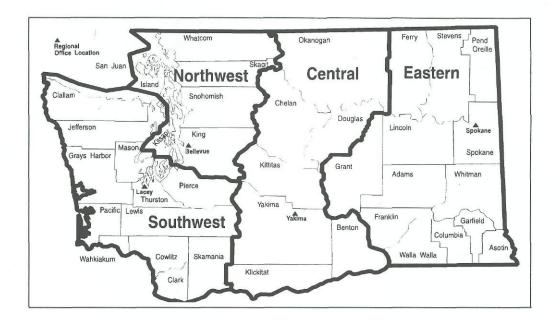
4 123 101
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION	FOR THE FOLLOWING	REASON(S):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED	or INCOM	PLETE
☐ ADDITIONAL SIGNATURES REQUIRED	□ SECTION	IS INCC	MPLETE
□ OTHER/EXPLANATION:			
STAFF:	DATE:	/_	_/

IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology Central Regional Office 15 W. Yakima Avenue, Suite 200 Yakima, WA 98902 Telephone: (509) 575-2490

Department of Ecology Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 Telephone: (425) 649-7000 Department of Ecology Eastern Regional Office N. 4601 Monroe, Suite 202 Spokane, WA 99205-1295 Telephone: (509) 456-2926

Department of Ecology Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

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